

TO 12/26

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	smc		7/11/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HL	526	8/21/00
RESPONSE FORMALITY REVIEW	2H	50522	12/26/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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5	✓
6	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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